



Summer Camp UniverCITY

The City of Buckeye's Summer UniverCITY tops the charts in Buckeye as the coolest summer program in the City. At Buckeye UniverCITY, your child will have fun developing new skills, building friendships and creating memories. This summer's theme UniverCITY, will engage your child in a wide variety of classes/opportunities such as drama, arts, athletics, intermural, special guests, fitness, science, mathematics, literature, cooking and field trips.

Camp UniverCITY Youth Entering 1st-8th grade / 6 a.m. - 6:30 p.m.

Dates: May 27th - August 1st, 2014
*No Program 7/4

Days: Monday – Friday

Times: 6:00 a.m.-6:30 p.m.

Ages: Youth entering 1st-8th grade

Where: Sundance Elementary- 23800 W. Hadley Rd.

Fees: \$25 registration fee* **Waived if signed up for Auto-Pay**
\$100/week or \$25/day (1st Child)
\$90/week or \$20/day (2nd Child)

Field trip costs are included in weekly fee with the exception of Wet N' Wild and Amazing Jakes which will be offered at a discounted rate.

- Summer camp program is a licensed, contracted all day program. Attendance contracts are required for attendance and will be billed weekly according to attendance contract.
- **Breakfast will be provided daily June 2 – July 11. Snack and Lunch will be provided for the entirety of the program.**

Payments: Payments are due every Friday prior to the week of attendance. If payments are not received on Friday, a \$10 late fee will be applied. A \$5 additional fee will be applied for participants who attend on non-contracted days.

Payment Options

- Payments can be made online at www.buckeyeaz.gov/recreation. Please email recreation@buckeyeaz.gov if you'd like your account login information.
- Auto Pay (Automatic withdraw each week).
- Phone payments 623-349-6350 / Monday-Friday 9am-7pm.
- Cash, money order, or credit card payment at the De. Saide Recreation Center located at 1003 E. Eason Ave. Monday-Friday 9am-7pm.

Auto-Pay Option:

Registrants who chose to sign up for weekly auto pay will have their registration fee waived and do not have to pay the first week's attendance up-front (unless registering the same week of planned attendance). If, at any time, you chose to cancel your auto-pay program you will be charged the \$25 registration fee.

The City of Buckeye Recreation Division will not issue any refunds regardless of withdrawal, illness, absence, suspension, expulsion or field trip fees.

Changes in Contract Changes of contracts are due the Friday before the week of attendance. Change of Contract forms must be submitted online at www.buckeyeaz.gov/summer.

Enrollment/Disenrollment Procedures Parents/guardians must complete and return the following to the City Buckeye Recreation Office located at 1003 E. Eason Ave., Buckeye, AZ 85326:

1. Blue Immunization Card. Complete, leave no line blank. If the question/line does not apply, write "none" or "N/A". Each child must have 2 local emergency contacts besides the 2 parents authorized to pick-up your child in case of an emergency.
2. If there are current custody issues that affect the child's pick-up and/or emergency procedures a copy of legal custody documentation is required.
3. Copy of immunization.
4. Discipline Policy. Signed.
5. Fee attendance contract. Signed.
6. Registration Fee.
7. First week's payment.

Children may begin attending the program 24 hours after all **completed** paperwork is turned in to recreation office. Registration must be done at the Recreation Office Monday – Friday 9:00 a.m. – 7:00 p.m.

Dis-enrollment: To dis-enroll your child from the Summer Camp Program, a Change of Contract form is required. If your child has not attended for 2 weeks without prior notification, your child will be automatically withdrawn and the payment for the 2 weeks will remain due on your account. Reenrollment with payment of the \$25 registration fee and any past due amount will be required to attend again. If you decide to withdraw your child from the City of Buckeye Summer Camp Program, please contact the Recreation Division at 623-349-6350.

DES Funding The City of Buckeye Summer Camp program is a DES contracted child care program. Call 623-925-0095 to find out if you qualify for child care assistance.

Sign In/Out

- **Sign In: Participants must be signed in daily by a parent or authorized person. A child may not sign themselves in.** To sign the child in, a parent or authorized person must accompany the child to the site and write their full name and time on the authorized form.
- **Sign Out:** For the safety of the children we require that parents or authorized persons sign the child out each day. **A child may not sign themselves out.** To sign a child out, a parent or authorized person must visit the site and write their full name and time on the form.

A child enrolled in the Summer Camp Program will only be released to those persons authorized on the Emergency, Information and Immunization Card. NO exceptions will be made without the advance written permission of the parents or telephone authorization. Individuals will be required to show proof of I.D. to the staff the first time the child is picked-up. If one person has the sole custody of a child, a legal document must be on file with the site stating the name of the legal guardian.

Late Pick-Up \$15 per every 15 minutes/per child after 6:30 p.m. per the school clock, and is due at the time of pick-up. Children will not be able to return to program until late pick – up fee is paid in full.

- 1st Time:** Verbal warning
- 2nd Time:** Fee plus written warning
- 3rd Time:** Fee plus 3 days suspension
- 4th Time:** Removal from the program



Medication Summer Camp Staff may administer medication. The parent/guardian must complete a “Medication Release Form” and bring the prescribed amount of medication in the original container to authorize giving medication to a child. Forms are available at the site.

Illness It is important for parents who have children in the Summer Camp Program to understand that their child's health affects the health of other children and staff members in the program.

Please do not take a child who has the following signs and symptoms of being ill to Summer Camp Program:

1. Fever. Participants must be fever free for 24 hours in order to return
2. Any contagious disease such as strep throat, pink eye, chicken pox, etc.
3. Vomiting
4. Serious/hard coughing or difficulty breathing
5. Rash/sores
6. Diarrhea
7. Mucus or pus from red eyes
8. Thick drainage from the nose
9. Sore throat

If your child becomes ill during the program, a staff member will try to contact a parent or authorized designee to pick-up the participant.

Emergencies If your child has an accident, injury or emergency while at the summer program that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents.

Phone Number Changes Please notify staff if phone numbers change at any time during the program. If contact numbers are inoperable, you will be given 3 business days to provide the program with replacement numbers or contacts before being automatically withdrawn from the program. Re-enrollment with payment of the \$25 registration fee and any past due amount will be required to attend again.

Toilet Training Children **MUST** be toilet trained. Occasionally, accidents will happen, however if your child has frequent urine and/or bowel accidents occur (3 or more within 5 day period) or wears pull ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully toilet trained, you will be asked to remove your child from the program. If an accident happens, a parent or guardian is expected to either pick up the child or bring change of clothes/cleansing products within 1 hour from the time parent/guardian is notified.

Meals Breakfast, lunch and snack provided daily; participants are welcome to bring their own non-perishable sack lunch. Refrigeration and microwaves are not available for use.

Field Trips Participants have the option to attend field trips throughout the summer. A “Field Trip Permission Slip” will need to be signed by a parent or guardian for each trip. Participants will be required to wear Summer Camp t-shirts and wristbands for safety purposes. Children not wearing their designated shirt on the day of the trip will not be permitted to attend.

Week 1	May 29	Recycle Center	
Week 1	May 30	Pool	
Week 2	June 4	Amazing Jakes	\$16
Week 2	June 6	Pool	
Week 3	June 11	Bounce U	
Week 3	June 13	Pool	
Week 4	June 18	Rollero	
Week 4	June 20	Pool	
Week 5	June 26	Circus	
Week 5	June 27	Pool	
Week 6	July 2	Bowling	
Week 7	July 9	Wet N Wild	\$26
Week 7	July 11	Pool	
Week 8	July 16	Movies	
Week 8	July 18	Pool	
Week 9	July 23	Laser Tag	
Week 9	July 25	Pool	
Week 10	July 30	Peter Piper	
Week 10	August 1	Pool	

Each Friday the program will visit the Buckeye Aquatics Center. Trip requires swimsuit, sunscreen & towel. Participants are not required to go on the field trips and can stay at the site for organized activities. Parents are **NOT** permitted to drop off or pick up their child at the field trip destination. Participants **MUST** ride the bus to and from the field trip site. Children must arrive to Summer Camp 30 minutes prior to the trip departure time to be permitted to attend the field trip.

Transportation Transportation will be provided to and from all field trips. Transportation will **NOT** be provided before and after the program.

Child’s Personal Property The City of Buckeye cannot be responsible for lost, stolen, or broken property. Personal property that has been left on premises after hours of operation will be placed in lost & found. Items not claimed will be donated at the end of the last day of the program. It is **STRONGLY** recommended to leave all valuables at home.

Licensing City of Buckeye Summer Camp Program is regulated by the Arizona Department of Health Services, located at 150 N. 18th Avenue, Suite 400, Phoenix, Arizona, 85007, phone number (602) 364-2536. Inspection reports are completed by DHS and are available upon request.

Special Needs Youth Parents of special needs youth should contact Jessica Thompson at 623-349-6613 regarding enrollment. The individual needs of special youth may exceed the facilities physical limitations for accommodations.

Insurance The City of Buckeye carries liability insurance for all its operations, including city sponsored recreation programs.

Pesticides If pesticides are sprayed on the premises, notification will be posted at least 48 hours before the pesticide is applied.



Summer UniverCITY Fee Attendance Contract

This form must be completed and submitted with the registration form.

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend the City of Buckeye Summer Camp Program.

Please "X" the program and days attending.

Weekly Fee _____ \$100/Week

Daily Fee _____ \$25/day

Daily Contracted Day Schedule (Check the days the child will attend summer program).

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Second child discount _____

TOTAL WEEKLY COST \$ _____

Weekly Attendance contracts can be changed by filling out a "Change of Contract" form at the site. In order for the changes to reflect in your child's billing statement, "Change of Contract" forms must be turned in the Friday prior to the week of requested change.

Parent Signature: _____ Date: _____

Initial **I understand that the entire contracted fee is due every week, regardless of holidays or absences. Refunds or credits will not be given for days missed.**

Initial I understand that my child's fee is based on days/week enrolled, and that payment is due the **FRIDAY** prior to the week of participation or a penalty of \$10 will be assessed.

Initial I also understand that a late pick-up fee will be assessed at the rate of \$15 for every fifteen minutes past 6:30 p.m. (i.e. 1-15 minutes, \$15, 15-30 minutes, \$30, etc.)

WITHDRAWAL / CHANGE POLICY (Change of Contracts)

Initial It is the City of Buckeye's policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made by **Friday in writing** for the following week to the site leaders or the Recreation Office to release you from your current contract. Changes in contract must be made electronically by emailing recreation@buckeyeaz.gov or at www.buckeyeaz.gov/summer.

Initial I understand that if my child attends days that I have not contracted to attend, an additional \$5 per day fee will be added to my bill.

Initial I understand that there are **NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS** during the Summer Camp Program.

Participant's Name: _____ Start Date: _____

Parent /Guardian Signature: _____ Date: _____



City of Buckeye Summer Camp UniverCITY Discipline Policy

To ensure the safety of all participants and staff, the City of Buckeye staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and direction of the Summer Camp site staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior.

1. Warning for specific unacceptable behavior.
2. Separation from group with a warning of future consequences for repeated behavior.
3. Separation from group with a warning and write-up for repeated behavior.
4. Separation from group with a call to parent or guardian and a write-up.
5. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
6. Suspension. 1 to 2 scheduled days from the program and /or the remainder of the day. **(NO REFUND FOR SUSPENSION OR EARLY PICK-UPS ON SCHEDULED DAYS).**
7. Repeated aggressive / inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Recreation Coordinator and Manager.

Some actions will result in an automatic suspension or dismissal from the program. Parents / Guardians will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal.

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the recreation site (school or bus) or supplies or stealing property.
3. Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

The City of Buckeye Community Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that may put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).

I have read the Summer Camp Discipline Policy” and fully understand the process to be used for discipline issues.

Liability Waiver: I/we hereby release and forever discharge the City of Buckeye, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnity, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for my child to be video taped or photographed by the City of Buckeye employees to be used at the site for activities and for any program advertisements for the City of Buckeye.

Participant Name _____

Parent/Guardian Signature _____

Date _____



We want to find out about your child to make sure they have fun and safe summer!

Child's Name _____

Grade Entering in Fall _____ Shirt Size _____

Favorite Things to do:

☐ Art ☐ Sports ☐ Cooking ☐ Video Games (favorite _____)

☐ Theatre ☐ Science ☐ Field Trips ☐ Board/Card Games (favorite _____)

Anything extra: _____



Arizona Department of Health Services
Bureau of Child Care Licensing

CDC/SGH# or name: _____

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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**A Health Care Provider is a physician, physician assistant or registered nurse practitioner.*

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional):

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):			
Updated immunizations received and attached:			

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:	
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:	
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:	
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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